BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

- PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	APPARATUS FOR RECOVERING CARRIER										
Fill in Appropriate Information - For Use Without	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: The specification was filed on as United States Application Number and amended on (if applicable) and/or the specification was filed on										
Specification	and amended on	(if applicable) and/or									
Attached:	- o promonon ma	as FC1									
	amended on	; and was (if applicable)									
Insert Priority Information: (if appropriate)	I hereby state that I amended by any amend I acknowledge the Regulations, §1.56.	ment referred to duty to disclote lo not believe to lescribed in a tition, that the that the inven- in any count is more than two ficate on this in legal represen- gn priority ben sted below and of the application	he same was ever known y printed publication in same was not in public tion has not been patent ry foreign to the Unite relve months (six month hvention has been filed is tatives or assigns, except testion and the six of the same of the six have also identified bel	a material to pay an or used in the any country be use or on sale is ed or made the d States of An so for designs) pay as follows. The same of the sa	United States of Agefore my or our in the United States of an interest subject of an invenerica on an apportor to this application for part 18583 2002 y/Year Filed)	fined in Title america before evention ther es of America entor's certific cation, and the ted States of my foreign ap- tent or invention	37, Cook of my or of each or ma a more to an each issue by me to a more state issue by me to a more scenarior's certification for scenarior or scenario or scenari	the claims, as de of Federal our invention ore than one han one year ed before the or my legal pplication for a prior to this a(s) for patent ificate having Laimed No No			
	,	•			y/Year Filed)		Yes	No			
	I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below.										
Insert Provisional Application(s): (if any)	(Application Number)			(Filing Date)							
	(Application Number)			(Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:										
Insert Requested Information: (if appropriate)	Country		Application Number		Date of Filing (N	nonth/Day/	(ear)				
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.										
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)		(Status - patente	d, pending, a	bandone	ed)			
Page 1 of 2 (Rev. 12/19/01)	(Application Number)	·· ·	(Filing Date)	· · · · · · · · · · · · · · · · · · ·	(Status - patente	d, pending, a	bandone	ed)			

Attorney Docket No.

0465-1058P

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First										
Full Name of First or Sole Inventor. Insert Name of Inventor Insert Date This Document is Signed	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	0	DATE						
Document is Signed	Inno Sio IIIN			October 01. son						
Insert Residence Insert Citizenship →	Residence (City, State & Country)	CITIZENSHIP								
	Seongnam-si, Gyeonggi-do, Korea	Republic of Korea								
Insert Post Office Address	MAILING ADDRESS (Complete Street Address including City, State & Country)									
	# 203-306, Kachi Maeul, Gumi-dong, Bundang-gu, Seongnam-si, Gyeonggi-do, Korea									
Full Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME									
see above		INVENTORSSIGNATURE		DATE						
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inventor, if any: See above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE						
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uli Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE								
see above	,	INVENTORS SIGNATURE		DATE						
	Residence (City, State & Country)		CHICAGO							
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Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE						
	Paride City Co.									
	Residence (City, State & Country)		CITIZENSHIP	SHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)									
ill Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE						
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